

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009

COUNTY: CALUMET

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Calumet County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 31 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: CALUMET

**Facility Information**

**Facility Name:** BROOKLYN HOUSE (0011748)  
**Address:** 69 E BROOKLYN ST, CHILTON, WI 53014  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/25/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103347    **End Date:** 01/29/2009    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3U8N11    Served 02/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		

**Survey ID:** 0098586    **End Date:** 01/25/2007    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: CALUMET

**Complaint History (BROOKLYN HOUSE)**

**Date Complaint Received: 11/26/2008**

**Date Investigation Completed: 01/29/2009**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: CALUMET

**Facility Information**

**Facility Name:** KARENS ADULT FAMILY HOME (0011546)  
**Address:** 2015 RAILROAD STREET, NEW HOLSTEIN, WI 53061  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/06/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104115    **End Date:** 04/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102215    **End Date:** 07/10/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #J66811    Served 08/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	04/13/2009	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	04/13/2009	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	04/13/2009	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: CALUMET

**Survey ID: 0098637    End Date: 01/24/2007    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10007436    Served 02/08/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	07/10/2008	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	07/10/2008	No

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**Survey ID: 0097672    End Date: 09/06/2006    Type: INITIAL    Purpose: SURVEY**

**Results: LICENSE/CERT/REGISTRATION ISSUED**

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: CALUMET

**Complaint History (KARENS ADULT FAMILY HOME)**

**Date Complaint Received: 06/23/2008**

**Date Investigation Completed: 07/10/2008**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

#### Facility Information

**Facility Name:** DARBOY LIVING CENTER (410533)

**Address:** N9520 SILVER CT, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1998

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0104181    **End Date:** 06/03/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ISLT11    Served 06/23/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

**Survey ID:** 0103585    **End Date:** 03/05/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZK3812    Served 03/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

**Survey ID: 0102898**    **End Date: 10/27/2008**    **Type: ABBREVIATED**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZK3811    Served 11/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	12/31/2008	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	12/31/2008	Yes
83.21(4)(h)	PRIVACY	12/31/2008	Yes
83.21(4)(o)	MEDICATIONS	12/31/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	12/31/2008	Yes
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	01/28/2009	Yes

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**Survey ID: 0098137**    **End Date: 11/13/2006**    **Type: STANDARD**    **Purpose: SURVEY**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

### Enforcement History (DARBOY LIVING CENTER)

**Date: 06/18/2009**      **SOD #ISLT11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.38(1)(b)

**Date: 03/16/2009**      **SOD #ZK3812**      **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(c)  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.32(2)(a)5

**Date: 11/13/2008**      **SOD #ZK3811**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.14(7)(b)  
FORFEITURE---83.32(2)(a)

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

#### Complaint History (DARBOY LIVING CENTER)

**Date Complaint Received: 05/22/2009**

**Date Investigation Completed: 06/03/2009**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ISLT11

**Date Complaint Received: 01/23/2009**

**Date Investigation Completed: 03/05/2009**

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

ZK3812

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

ZK3812

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/25/2008**

**Date Investigation Completed: 10/24/2008**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

### Facility Information

**Facility Name:** BRILLION WEST HAVEN (0012537)

**Address:** 220 ACHIEVEMENT DR, BRILLION, WI 54110

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 10/28/2008

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0102877      **End Date:** 10/28/2008      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

#### Facility Information

**Facility Name:** GARROW VILLA (410344)

**Address:** 210 S PARKWAY DR, BRILLION, WI 54110

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1995

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0104013    **End Date:** 05/04/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #72B811    Served 05/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		

**Survey ID:** 0097945    **End Date:** 09/27/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007369    Served 10/23/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(d)2	HOT WATER TEMPERATURES	04/29/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/29/2009	Yes

**Survey ID:** 0097682    **End Date:** 08/21/2006    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

**Survey ID: 0097407      End Date: 07/10/2006      Type: OTHER      Purpose: DESK REVIEW**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

**Enforcement History (GARROW VILLA)**

**Date: 10/19/2006      SOD #10007369      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.41(5)(d)2

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

### Facility Information

**Facility Name:** ROADS TO FREEDOM BRILLION (0012211)

**Address:** 610 S MAIN ST, BRILLION, WI 54110

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2009

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0102699      **End Date:** 10/01/2008      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0100833      **End Date:** 12/19/2007      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

### Facility Information

**Facility Name:** CENTURY RIDGE INC (0008772)

**Address:** 531 E CALUMET ST, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/08/2000

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0101079      **End Date:** 02/12/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098034      **End Date:** 10/25/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

#### Complaint History (CENTURY RIDGE INC)

**Date Complaint Received: 09/28/2006**

**Date Investigation Completed: 10/25/2006**

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

### Facility Information

**Facility Name:** CENTURY RIDGE INC (0010623)

**Address:** 535 E CALUMET ST, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/08/2004

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0098039      **End Date:** 10/25/2006      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

### Facility Information

**Facility Name:** CENTURY RIDGE INC (410508)

**Address:** 533 E CALUMET ST, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1998

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0101080      **End Date:** 02/12/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098038      **End Date:** 10/25/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

**Complaint History (CENTURY RIDGE INC)**

**Date Complaint Received: 10/05/2006**

**Date Investigation Completed: 10/25/2006**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: CALUMET

#### Facility Information

**Facility Name:** COLONIAL RESIDENCE (0010143)

**Address:** 705 S MADISON ST, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/12/2002

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0102833    **End Date:** 10/21/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZP9B13    Served 11/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.21(4)(h)	PRIVACY	04/01/2009	
83.32(2)(a)2	ASSESSMENT OF MEDICATIONS TAKEN	04/01/2009	
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	04/01/2009	
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	04/01/2009	
83.36(3)	PROTECTS WELL-BEING OF RESIDENTS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: CALUMET

### Enforcement History (COLONIAL RESIDENCE)

**Date:** 11/06/2008      **SOD #**ZP9B13      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.151(1)(c)1

FORFEITURE---83.32(2)(c)2

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(3)(a)2

FORFEITURE---83.33(3)(b)2.d

FORFEITURE---83.36(3)

FORFEITURE---83.42(3)(e)

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: CALUMET

**Facility Information**

**Facility Name:** ROADS TO FREEDOM CHILTON (0012210)  
**Address:** 1024 STEENPORT LN, CHILTON, WI 53014  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102766    **End Date:** 10/08/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Statement of Deficiency:** #8ER211    Served 10/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	04/01/2009	

**Survey ID:** 0100845    **End Date:** 12/19/2007    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

### Facility Information

**Facility Name:** OAK CREEK ASSISTED LIVING - KIEL (0012113)

**Address:** 1237 TEKLA PL, KIEL, WI 53042

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2008

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0104193      **End Date:** 06/09/2009      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101474      **End Date:** 04/09/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0100551      **End Date:** 11/09/2007      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

#### Complaint History (OAK CREEK ASSISTED LIVING - KIEL)

**Date Complaint Received: 05/11/2009**

**Date Investigation Completed: 06/09/2009**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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**Provider Inspection Summary**

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

**Facility Information**

**Facility Name:** GARDENS OF FOUNTAIN WAY (THE) (0010205)  
**Address:** 1050 FOUNTAIN WAY, MENASHA, WI 54952  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/25/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102463    **End Date:** 09/04/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097947    **End Date:** 09/28/2006    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007368    Served 10/23/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	09/04/2008	Yes

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## Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

### Enforcement History (GARDENS OF FOUNTAIN WAY (THE))

**Date:** 10/19/2006      **SOD #**10007368      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.32(2)(a)1

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**Provider Inspection Summary**

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

**Facility Information**

**Facility Name:** WILLOWPARK RESIDENCE (0011386)

**Address:** 1706 HOOVER ST, NEW HOLSTEIN, WI 53061

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2006

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104457    **End Date:** 06/25/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102004    **End Date:** 05/29/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6RK312    Served 07/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)1	INITIATED BY CBRF-30 DAY NOTICE	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

**Survey ID: 0097975    End Date: 09/28/2006    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007370    Served 10/26/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	05/19/2008	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	05/19/2008	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	05/19/2008	Yes

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

#### Enforcement History (WILLOWPARK RESIDENCE)

**Date: 07/02/2008**      **SOD #6RK312**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(a)1

FORFEITURE---83.33(2)(a)

**Date: 10/25/2006**      **SOD #10007370**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.065(2)(b)

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**Provider Inspection Summary**

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

**Complaint History (WILLOWPARK RESIDENCE)**

**Date Complaint Received: 02/11/2009**

**Date Investigation Completed: 06/25/2009**

Subject Area(s)  
MEDICATIONS  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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